



SAN DIEGO COUNTY CUPA
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION – FACILITY PAGE

Page ____ of ____										
BUSINESS NAME (Same as FACILITY NAME or DBA Doing Business As) ³	FACILITY ID #	3	7	0	0	0				1

II. STATUS

NOTIFICATION STATUS ⁶⁰⁰	PERMIT STATUS (Check all that apply) ⁶⁰¹
<input type="checkbox"/> a. Amended	<input type="checkbox"/> a. Facility Permit
<input type="checkbox"/> b. Initial	<input type="checkbox"/> b. Interim Status
<input type="checkbox"/> c. Renewal (PBR Only)	<input type="checkbox"/> c. Standardized Permit
	<input type="checkbox"/> d. Variance
	<input type="checkbox"/> e. Consent Agreement

III. NUMBER OF UNITS AT FACILITY

(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL)		602
A	Conditionally Exempt – Small Quantity Treatment (CESQT) (May not function under any other tier)	
B	Conditionally Exempt Specified Wastestream (CESW)	
C	Conditionally Authorized (CA)	
D	Permit by Rule (PBR)	
E	Conditionally Exempt – Limited (CEL)	
F	Conditionally Exempt Commercial Laundry (CE-CL) (No unit page is required for laundries)	
G	TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units)	

IV. CERTIFICATION AND SIGNATURE

<u>Waste Minimization</u> I certify that I have a program in place to reduce the volume, quantity and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.	
<u>Tiered Permitting Certification</u> I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.	
I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	
SIGNATURE OF OWNER/OPERATOR	DATE ⁶⁰³
NAME OF OWNER/OPERATOR ⁶⁰⁴	TITLE OF OWNER/OPERATOR ⁶⁰⁵

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Reason for Request	

V. ATTACHMENTS (Check if attached)

ALL tiers except CE-CL (Laundries) must submit: <input type="checkbox"/> 1 One unit specific notification page and one treatment process page per unit <input type="checkbox"/> 2 Plot Plan (or other grid/map) PBR & CA ONLY: <input type="checkbox"/> 1 Closure Financial Assurance (formerly DTSC form 1232) <input type="checkbox"/> Self Certified (< \$10,000) <input type="checkbox"/> Other mechanism <input type="checkbox"/> 2 Prior Enforcement History, if applicable	PBR ONLY <input type="checkbox"/> 1 Tank and container certifications, if required <input type="checkbox"/> 2 Notification of local agency or agencies <input type="checkbox"/> 3 Notification of property owner, if different from business owner
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Onsite Hazardous Waste Treatment Notification – Facility

Complete this page if your facility is a hazardous waste generator performing treatment of hazardous wastes at the site where the waste is generated, and the facility is eligible under the Conditional Exemption (CE), or Conditional Authorization (CA) tiers, or operates a Fixed Treatment Unit (FTU) under the Permit by Rule (PBR) tier. To determine which tier or tiers apply to your operations, refer to the DTSC Onsite Tiered Permitting Flow Chart, which graphically displays the eligible waste streams and treatment processes by tier.

There are several treatment activities, which, although they would be otherwise regulated, are exempt under the law, provided certain conditions are met. No notification is required for these activities. Exempt treatment activities are described in Appendix A of these instructions.

Submit one facility page (Onsite Hazardous Waste Treatment Notification - Facility) per facility, regardless of the number of treatment units located at the site. Attach a unit specific page (Onsite Hazardous Waste Treatment Notification - Unit) and a Waste and Treatment Process Combinations page for each treatment unit at this location.

For notification requirements for PBR FTUs refer to 22 CCR Section 67450.2, for CA refer to HSC Section 25200.3(e) and (k), and for CE refer to HSC Section 25201.5(d) and (i).

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
600. NOTIFICATION STATUS - Check whether this notification is your initial notification under the Tiered Permitting system, an amended notification, or a renewal (for PBR only).
601. PERMIT STATUS - Check the status of the permit for State issued hazardous waste permits or grants of authorization.
602. NUMBER OF UNITS - For each of the permitting tiers or categories listed, enter the number of units you operate at this facility location.
Complete a unit specific notification page and a waste and treatment process page for each unit you list here, except for CE-CL units. Verify that the total number of units (item 602g) is equal to the number of unit specific notification and waste and treatment process pages included in the submittal plus the number of CE-CL units (item 602f).
- SIGNATURE OF OWNER/OPERATOR - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required. You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. The certifications cover waste minimization, the eligibility of the unit(s) for the indicated tier, the fact that the unit meets all of the operating requirements for that tier, and that the information is accurate. These operating requirements are set forth in the statutes and regulations.
603. DATE CERTIFIED - Enter the date that the page was signed.
604. OWNER/ OPERATOR NAME - Enter the full printed name of the person signing the page.
605. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

REQUESTING A SHORTENED REVIEW PERIOD - Generators operating under CA and CE are legally authorized 60 days after submitting a complete notification. The time period between notification and authorization may be shortened when the owner or operator shows a good cause. Check whether or not you are requesting to be authorized sooner than the standard 60-day period, and state the reason for the request. The authorization will be automatically effective on the date the completed notification page is received by the CUPA. (If necessary, use additional sheets to explain your reasons.) Generators operating under the PBR tier are not authorized until they are notified by the CUPA.

ATTACHMENTS *NOTE: Commercial Laundries are not required to provide attachments.*

ALL FACILITIES-

1. Complete a unit notification and a waste and treatment process page for EACH unit covered by this notification.
2. Provide a plot plan or map detailing the location or locations of the unit or units at this facility. This document is for use by the inspector. Clearly indicate the facility boundaries and major features. The extent or detail of the plot plan will vary depending on the size of the facility, the extent of the industrial operations, and the number of treatment units. A diagram prepared for the hazardous materials business plan (required by Title 19 CCR) may be used, as long as the unit numbers for the units covered by this notification are indicated.

PBR & CA ONLY

1. Complete the Certification of Financial Assurance for Closure and attach here (formerly DTSC Form 1232). Check whether you have Self-Certified (because your closure costs are less than \$10,000) or if you are submitting a financial mechanism.
2. Prior Enforcement History information is required **ONLY** if this facility was the subject of any convictions, judgments, settlements or final orders resulting from an action by any local, state, or federal environmental, hazardous waste, or public health enforcement agency. If applicable, attach a statement or summary that lists the cases for the last three years and provide a copy of the cover sheet from each document (conviction, settlement, etc.). The summary should include case and docket number, name and address of the agency, date, brief explanation, type of case (criminal, civil, administrative) and final resolution (including fines and penalties).

ADDITIONAL SUBMISSION TO DTSC:

A PHASE I ENVIRONMENTAL ASSESSMENT IS REQUIRED FROM ALL PBR AND CA FACILITIES AND MUST BE SUBMITTED TO DTSC, NOT TO YOUR CUPA. This assessment was due on January 1, 1997 or within one year from initial notification for newer facilities. Revisions are required if new releases are discovered.

The assessment checklist and instructions are available from DTSC. Call (714) 484-5378 or write to DTSC-State Regulatory Program Division, 5796 Corporate Avenue, Cypress, CA 90630. Completed Phase I Assessments should be submitted to the same address, to the attention of the Branch Manager of the State Regulatory Program Division.

PBR ONLY

1. Tank and/or containment system certifications are required to be submitted for only PBR units by 22 CCR 67450.2(b)(3)(G), when applicable. The specific standards are in 22 CCR 66264.175(c) for containers and 22 CCR 66265.191(a) and 66265.192(a) for tanks.
2. Notification of local agencies. Attach documentation of the other local agencies notified of your operation, i.e. sewer agency.
3. Notification of property owner. If the property owner is different than the operator, provide documentation that the facility operator has notified the property owner of the operation of this hazardous waste treatment unit under PBR.